



ILMINSTER URBAN DISTRICT COUNCIL

ANNUAL REPORT

of

THE MEDICAL OFFICER OF HEALTH.

For the year ended 31st December, 1957.

PUBLIC HEALTH OFFICERS

Medical Officer of Health

A.M. McCall

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P.P.Fox

M.B., D.P.H.

Public Health Inspector

N.J. Arney

M.S.I.

PUBLIC HEALTH COMMITTEE

A.W.G.Copperthwaite (Chairman)
D.J.Morgan
R.C.Priest
C.W.Scriven
V.A.Woodhall

HOUSING COMMITTEE

F.S.Carpenter
L.T.Clapp
A.W.G.Copperthwaite
D.R.Hurd
A.W.C.Gooch
L.A.Piddock
R.C.Priest
R.E.Marks
D.J.Morgan
C.W.Scriven
K.G.Whaites
V.A.Woodhall

To the Chairman and Councillors of the Ilminster Urban District.

Gentlemen,

I beg to submit my Report for 1957.

This year will surely go down in history as the year which saw the first practical steps in mans' conquest of space and in comparison with the stupendous new developments that are taking place in the world today my Annual Report may seem dull and commonplace.

For Ilminster it was a satisfactory year. There were few cases of infectious diseases notified. There were a large number of cases of influenza in the latter months, but fortunately, although highly infectious, particularly for children, it was generally a mild illness. The strain of virus responsible for the outbreak in Asia was recovered from pupils taken ill at the Girls' Grammar School so there is no doubt that they were infected with influenza known as 'Signapore 1957' strain.

For the first time poliomyelitis vaccine was used in the town and B.C.G. vaccine against tuberculosis was offered as a routine to school-children.

For the first time in Somerset a survey of an area of the county was undertaken by the Mass Miniature X-Ray service. Ilminster was in the area selected. The survey is reported at length in the text.

This year I have chosen Cancer as a subject for detailed consideration. Included in this I have made special reference to the problem which is currently occupying people's minds, lung cancer. 'It is always a silly thing to give advice, but to give good advice is absolutely fatal'. I am therefore taking a calculated risk in this report. We know that smoking cigarettes is responsible for a large increase in cancer of the lung; this is true even if some other factor should co-exist as some assert. I hope after reading the text the heavy cigarette smoker will realize it would be more profitable to ask 'Why is my philosophy so feeble?' than 'What are the chances for me of cancer of the lung if I persist?'

It is regretted that, owing to pressure of work, it has not been possible to carry out routine meat inspection from May 1st till the end of the year.

I am,

Mr. Chairman and Councillors

Your obedient Servant,

A.M.McCALL.

Medical Officer of Health.



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SECTION A.

Statistics and Social Conditions of the Area

Population The Registrar General gives the estimated mid-year population for 1957 as 2,740. The general statistical details for the town will be found in Appendix A, Table 1.

Birth Rate The Birth Rate for the year was 17.1 per thousand, a considerable increase on the previous year and it is above the national figure of 16.1. There was one illegitimate birth. Details are given in Appendix A, Table 2.

Death Rate The Death Rate for the year was 13.5 per thousand. The causes of death are shown in Appendix A, Table 3. They follow the now familiar pattern of diseases of the heart and circulation at the top of the list.

I discussed this subject at length in a previous report and this year I propose to consider the second greatest killer - cancer.

Cancer is a disease with a world wide distribution and could be said to be pandemic at the present time. Sufferers can be divided into three categories - those who die, those who endure, those who fear.

Cancer offers considerable scope for the practice of preventative medicine. A large number of substances are now known to be the causers of cancer (carcinogens) such as tar, arsenic, smoke, etc. The potential number at risk in the country must be enormous, particularly in industry. These hazardous occupations should receive medical supervision and the known carcinogenic substances should be eliminated from the processes or used in such a way as to be innocuous. Cancer of certain sites due to friction can be avoided. Diseases such as chronic gastric ulcer can be effectively treated and not allowed to linger on and predispose to carcinomatous change.

Treatment of cancer can be by surgery, radiotherapy, chemotherapy or a combination of all three. For success early diagnosis is obviously necessary. In this sense 'early' refers not to time but to clinical condition of the cancer. Some cancers are slow growing and comparatively non-malignant and may still be in an early clinical stage six months after the first symptoms have appeared. Another type of uninhibited growth may have made an extensive invasion of the surrounding tissues even a few weeks after first making its presence felt. The unpredictability of the disease is an important reason why the malady is especially dreaded. However, new surgical procedures have greatly increased successful treatment. New machines in radiotherapy are vastly more effective. New introductions in this field include radioactive gold and cobalt. In the sphere of chemotherapy intensive research is proceeding in an endeavour to find the drugs which will inactivate the disease or alleviate the symptoms. All these advances are grounds for measured optimism.

The next step is obvious. It is the necessity to educate the public about cancer. There is considerable confusion in the public mind about the causes of cancer. I have heard it suggested that cancer can be caused by such things as tinned fruit, tomatoes or aluminium utensils.

There is a need to produce a new climate of public opinion towards the disease. Many people who have been treated successfully by operation do not know they ever had cancer. There is a need to stress the good side, the successes and improved prognosis. Relatives should be informed when the treatment given is curative and when merely designed to alleviate the symptoms or to delay the inevitable.

The Ministry of Health were for a long time against too much publicity concerning the disease. Many doctors are of the opinion that a campaign to educate the public about cancer would merely produce a fear of the disease. I believe the public are more prepared to accept informed advice about cancer than the medical profession realize. Most people fear the disease. It is the reaction to the fear which is important. I think that a campaign might be inspired centrally, but conducted at local level. Cancer is a human

problem and the closer the contact with the individual the more likely is a campaign to succeed.

This year the Government have at last directed that local Health Authorities shall inform the public of the connection between heavy cigarette smoking and cancer of the lung. The need for this has been discussed in my Report for 1954.

Cancer of the lung with a death rate (1955) of over 17,000 in England and Wales, is now not only the commonest cancer in the male sex but one of the main killers of our time. In the age group 50 - 52 years, it is the cause of 50% of all cancer deaths and 1 in 18 of deaths from all causes. Although the death rate for females is still comparatively low, it also has shown a considerable increase in recent years. The trend over the last few years indicates that the incidence of cancer in both sexes has not yet reached its peak.

The Medical Research Council issued a report in June, 1957. A survey in this country which has been in progress five years has shown with regard to lung cancer in men

- (1) A higher mortality in smokers than in non smokers.
- (2) A higher mortality in heavy smokers than in light smokers.
- (3) A higher mortality in cigarette smokers than in pipe smokers.
- (4) A higher mortality in those who continued to smoke than in those who gave it up.

Surveys in 19 other countries agreed in showing more smokers and fewer non smokers among the patients with lung cancer and a steadily rising mortality as the amount of smoking increases.

The Medical Research Council report states that 'although no precise calculation can be made of the proportion of life-long heavy cigarette smokers who will die of lung cancer, the evidence suggests that at current death rates it is likely to be of the order of 1 in 8 whereas the corresponding figure for non smokers would be of the order of 1 in 300. The observation on the effect of giving up smoking is particularly important, since it indicates that men who cease to smoke even in their early forties may reduce their likelihood of developing the disease by at least one half'.

The Report also states that a proportion of cases of lung cancer may be due to atmospheric pollution. Studies of the small number of deaths from the disease among non smokers have shown higher death rates in residents in big towns as compared with rural dwellers. 'On balance it seems likely that atmospheric pollution plays some part in causing the disease, but a relatively minor one in comparison with cigarette smoking'.

The Government have passed legislation making it possible to declare areas as "Smoke-free" in which the emission of smoke from fires and furnaces is prohibited. However, with regard to smoking, they have so far only stated their intention to bring the opinion expressed in the M.R.C. Report 'effectively to the public notice, so that everyone may know the risks involved in smoking'. This is being done by the display of posters etc. So far the public have adopted a "laissez faire" attitude which it would not have done if the action of the Government had been to remove the inherent danger rather than leaving it to self discipline of individual members of the community.

It is undoubtedly the moral duty of all those working in the public health field to make known the fact that smoking is bad for health. Particularly must the young be dissuaded from the habit. At present there is no means of making the smoking habit safe, filter tip cigarettes and filter holders are of no use in the present state of knowledge.

The growth of the habit is interesting. A hundred years ago few, if any, cigarettes were smoked. Half a century later, however, there lay three methods open to the smoker which embodied three distinct desires; the pipe - manliness; the cigar - opulence and luxury; the cigarette - connoisseurship and the art of living. Cigarettes made of Turkish or Egyptian tobacco, were rather expensive, were selected according to personal taste and were consumed on a principle that is sparing and appreciated, one after each meal as a rule with the addition of two or three to be enjoyed with particular relish at chosen

moments. Oscar Wilde referred to the cigarette as an example of the pleasure of the moment that leaves one exquisitely unsatisfied.

Meantime the working man, previously content with his pipe, began to acquire a taste for cheap American cigarettes which he called 'fags' or 'gaspers'. No connoisseurship goes to the consumption of gaspers, a practice depending partly on habit, partly upon addiction to the drug nicotine. The habit rests upon the soothing sensations that a baby derives from a dummy or comforter: the drug in the cigarette produces vague pleasurable feelings that are difficult to analyse. The first World War brought to many a man agitation and suspense such as he had never known before. To pull out a gasper, to suck it and to inhale ^{the smoke} gave temporary relief; and so a new habit was acquired by thousands who would not otherwise have cared for it. When the War came to an end, the habit did not die, even women fell victims in time, many of whom have learnt by now to consume immoderate quantities of cigarettes.

Far more American cigarettes are smoked today than were smoked of the Turkish or Egyptian variety. Between the old and new methods of smoking there is a fundamental difference. The earlier exponent followed a principle laid down by Epicurus, that pleasure has a maximum and to seek addition beyond is to lose rather than gain. The wise smoker kept within bounds and secured the maximum of enjoyment. He could relinquish the practice at any time. The working man, on the other hand, and the unlearned generally sought to increase their pleasure by multiplication, but all in vain. They also found themselves unable to shake off the habit even when they wished. The old connoisseur has gone, cigars are the luxury of the few, even the pipe has fewer devotees. The gasper has prevailed over all and brought with it the new custom of inhaling smoke. The ~~once~~ rare disease, cancer of the lung, now kills more in a year than tuberculosis; and the death is not a good one. So we are faced with the fact that in less than a lifetime a mortal disease affecting all classes has increased to a startling extent.

Infant Mortality. There were two infant deaths in Ilminster in 1957, one due to congenital malformation and the other due to a mishap during birth. The infant mortality rate in England and Wales for the same period was 23 per 1,000 live births, the lowest ever recorded. The figure in 1956 was 23.7 and in 1938 52.8 per 1,000.

Maternal Mortality There were no maternal deaths in 1957.

Social Services The social services provided by the local health authority remained unchanged. Unemployment increased in the town, particularly in the fourth quarter of the year.

SECTION B.

General Provision of Health Services in the Area

No new services were provided during 1957 but public support of existing services was satisfactory.

Care of Mother and Young Children.

Antenatal Clinic

No antenatal clinic is held in the town as there are no clinic premises. Antenatal examinations were carried out by the private practitioners and the district nurses in the patient's own homes. All patients requiring admission to hospital went to the Maternity Unit at Musgrove Park Hospital, Taunton. No antenatal dental treatment was available in Ilminster during 1957 other than that provided by private dental practitioners.

Domiciliary Midwifery The district nurse continued to attend expectant and nursing mother in their homes with the private practitioner supervising the case.

Infant Welfare Clinic The infant welfare clinic continued to be held weekly with Dr. Bond in attendance twice per month. Details of attendances are shown in Appendix B, Table 1.

Health Visiting Mrs. Pitt continued as health visitor and tuberculosis health visitor for the town. She carried out her duties in a most conscientious manner.

Home Nursing In addition to her many other duties, the district nurse visits people's homes to carry out a very large number of duties. These may include dressing wounds, giving injections, bathing patients, and many other similar medical duties too numerous to list. A great deal of this work is concerned with the older members of the community, and we have every reason to be thankful for the kindly manner in which our nurse has been working during the past year.

Immunisation The necessity for immunisation against diphtheria continued to be stressed. However, the presence of poliomyelitis interfered with the campaign and all immunisations were suspended during the second and third quarters.

Later the Ministry advised against the use of combined whooping cough and diphtheria vaccine, particularly when acute poliomyelitis was prevalent. Individual vaccines, necessitating three injections each at different times, were issued. This meant that the infant was likely to lead a pin cushion existence during the first year of life. This brought forth loud protests from doctors and parents and finally it was decided to revert to the use of combined vaccine, but to avoid immunisation during the second and third quarters of the year.

Vaccination Fourteen primary vaccinations were carried out during 1957.

Home Help Services The Home Help Service, organised by the County Council, is readily available in the town. It is my experience that the standard of work done by members of this service is most satisfactory and greatly appreciated by those in whose homes they are employed.

School Medical Service I inspected all the schools in the town in 1957 with the exception of the Ilminster Girls' Grammar School which is inspected by Dr. Elliott. Details of my inspections may be found in Appendix B, Table 2.

School Dental Service Ilminster was again without a school dental surgeon throughout the year but in the later months arrangements were being made for a part-time dental officer to commence work there early in 1958.

Orthopaedic Service Children, who at school medical inspection are found to have orthopaedic defects, were referred through their family doctors to the clinic held at Taunton.

Ophthalmic Service The County Ophthalmic Surgeon held special clinics at Taunton throughout the year. Any children who were found to have visual defects at school were referred to these clinics.

In addition opticians carried out eye tests on local children and reported to the School Medical Officer on each child's vision and their recommendations concerning the wearing of glasses. This helped to overcome the erring child's assertion when found without glasses 'he said I did not have to wear them any more'.

Epileptics. Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out electro-encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the School Medical Officer if the patient be of school age. Where it is considered necessary for a school child to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastics Arrangements for spastic children in the town were reported in detail last year and remain unchanged.

Blind Persons There are twenty-one blind persons registered in the area. No cases of ophthalmia neonatorum were notified.

National Assistance Act No statutory action was necessary during the year under this section.

Ambulance Service The Somerset County Council ambulance service covered this area during week days. During the year they have been equipped with radio telephone. This has undoubtedly increased efficiency. During non-working hours and week-ends the Ilminster Ambulance was available to deal with any emergency calls.

SECTION C.

Prevalence and Control over infectious and other Diseases.

Very few infectious diseases were notified during the year. A summary will be found in Appendix C, Table 1.

However, it was a very active year as far as prevention of disease was concerned. For the first time B.C.G. vaccination against tuberculosis was made available for school children and all those born in 1943 were offered protection.

In the first instance all those who applied were skin tested (Heaf Test); four days later their skin reaction was read. Those who had no reaction were vaccinated. Those who reacted (Heaf positive) were noted for investigation. It meant that they had already been in contact with some source of tuberculosis infection and it was necessary to discover whether the disease was active or whether they had overcome the initial infection. All in this category were given a clinical examination by the Chest Physician and were X-Rayed. No active cases were discovered.

Mass X-Ray Survey.

For some time it has been felt that at the annual visits of the Mass X-Ray Units, the same small percentage of the population presented themselves for X-Ray. A large number of people, among whom were possible cases of tuberculosis never availed themselves of the opportunity of having their chest X-Rayed.

In an endeavour to overcome this resistance it was decided that an all out effort should be made in a selected district. After discussions with the Unit Director and Chest Physicians, South East Somerset was chosen as a suitable area to make this pioneer effort.

Advance publicity was given in the press. Local organisations were contacted and informed of the programme. Leaflets and posters were prepared and a personal letter from the Medical Officer of Health was sent to each householder. This letter pointed out the efforts being made to rid the country, and particularly Somerset, of tuberculosis. In 1957 for the first time, vaccination against tuberculosis was offered in the schools. Cattle were being tuberculin tested and the area should be free of all tuberculous cattle by 1958. The Mass X-Ray Units were to spend six weeks in S.E. Somerset. Their presence presented an opportunity for all possible infectious cases to be diagnosed and treated before any risk of spread of infection. Householdors were reminded that it was most important that people of all ages should regard it as an essential duty to be examined.

The programme aimed at placing the static units in accessible towns where they could take small and large X-Rays. The mobile units visited the villages of the area in advance of the static units. All cases requiring recall for full size films were recalled to the nearby town later. In this way it was hoped to make maximum use of the mobile equipment.

The response from organisations was good and the administration was most satisfactory. The response from the public in the villages was encouraging but less so in the towns. Many of the villages were visited for the first time and no doubt there was a certain novelty interest in the visit, they are also closer-knit communities and publicity more effective. Unfortunately the visits to the towns seemed to be preceded by a few days by the influenza virus which had a far greater response than the Mass X-Ray Units. Nevertheless more people in S.E. Somerset have been X-Rayed than ever before.

A total of 634 persons, including scholars, attended for X-Ray when the Unit visited Ilminster.

Mass Miniature Radiography is satisfactory for case finding and prevention when there are plenty of cases in the population. However, there is a growing feeling that where the number of infected persons is low it becomes wasteful. Undoubtedly the mobile unit has fulfilled a very important roll, but now, with a decline in the prevalence of the disease, there is a need for mass radiography to be more selective. Mobile Units will still be required for special surveys in schools or factories and rural areas, but the growing need is for static units in large towns and hospitals. These units would always be available for patients referred by doctors and volunteers, the groups from whom the highest percentage of tuberculosis cases are discovered.

Once Units are permanently available, the public should be encouraged to regard chest radiography in the same way as they regard examination with the stethoscope. It must be a normal procedure in a medical examination. If any person with chest symptoms seeks medical advice and a chest X-Ray film were not taken, then that person would instinctively feel that the examination was incomplete.

This attitude could be encouraged if senior school children were given a chest X-Ray with their medical examination. All employment certificates should state the date of the chest X-Ray and the result. It is essential that all whose employment will bring them in contact with children should have a chest X-Ray before commencing work.

The Ministry of Health have already announced their intention to establish more static units which they intend to base in large hospitals.

Influenza.

Early in 1957 extensive outbreaks of influenza occurred in several countries of the Far East and particularly in India, Japan and Singapore, hence the name 'Asian Influenza'. Outbreaks were reported among persons travelling by sea and air from the affected regions.

The first cases reached this country in late June when five seamen arrived at Bristol suffering from 'Asian 'flu'. Influenza in this country is a disease of winter. An outbreak practically never occurs in the summer and should it do so it is always limited and very mild. The epidemic began in September in the north of England and reached the south three weeks later. The main characteristics of the epidemic were the high infectivity, whole families went down almost simultaneously; the large number of school children, young people and early middle aged persons affected. Crewkerne, in common with the rest of the West, was fairly hard hit. The number of boys ill reached such a high proportion of the total number of boarders that the staff were unable to cope with the situation and the Grammar School was closed for ten days.

Virus strains from the Singapore outbreak were studied and found to be markedly different from those of previous epidemics and existing vaccines were of no value. The Ministry of Health arranged for the production of a formalized egg vaccine. However, the influenza arrived before the vaccine so that it did not have a fair chance. Minor constitutional upset was experienced by some people who received the vaccine and sore arms were common. However, I feel there is a future for vaccines in this disease but they should be available at least a month before an epidemic.

The influenza epidemic of 1891 - 92 started in China, as this one did, and ravaged the world. The epidemic of 1918 - 19 started in the summer of 1918 among troops in France and was apparently introduced from Spain - hence the name 'Spanish Flu'. It was a very severe illness and some 62,000 deaths occurred in the cities and urban districts of England and Wales in the winter of 1918 - 19.

At the present time two questions seem pertinent; Will there be a second wave of the disease as occurred in the 1918 - 19 epidemic? We must wait and see. If the second wave does occur will the virulence of the virus increase? It did not do so in 1919.

SECTION D.

Environmental Health Services.

A. Sanitary Circumstances

Climatic Conditions The total rainfall during 1957 amounted to 25.50 inches slightly more than 1956 but less than the yearly average. The summer months were the most disappointing, otherwise the year was reasonably dry and mild.

Water Supply The water was quite satisfactory in both quality and quantity and no serious shortage was experienced during the year. Details of the chemical and bacteriological reports will be found in Appendix D, Table 1, together with other relevant data concerning the distribution of the supply. All piped water in Ilminster is chlorinated before distribution.

A scheme was prepared for an extension of the mains to serve Kingstone Road (Townsend) and Knott Oak. It was submitted to the Ministry and approval was received at the end of the year.

Various sources of water were investigated by the Council's Consultants with a view to augmenting existing supplies. However, the national scheme for grouping water supplies and the possibility of the Ilminster Water Undertaking being absorbed into the Wessex Plains Scheme decided the Council to drop plans for any further capital outlay at this time. Instead they decided that the case was better met by interconnection with the Rural District of Chard.

Drainage and Sewage Disposal. There was no change in the method of disposal during the year. The comprehensive scheme prepared by the Consultants was completed and submitted to the Ministry early in 1958. The estimated cost will be £35,000. A new disposal works is urgently needed to prevent the continued pollution of the River Ile.

Public Cleansing and Refuse Collection. Weekly removal of refuse from each house is carried out by direct labour and continued use was made of the old Chard canal at Dowlish Ford for the tipping of rubbish. Some complaints were received from rural inhabitants concerning fly nuisance.

Rodent Destruction Unfortunately the Rodent Operator became ill in May. The Council took a sympathetic attitude towards the operator hoping that he would recover. However, by November it was decided to appoint a successor. In the intervening period emergency work was carried out by the Chard R.D.C. operator and our own workmen. Much of the survey work had to be suspended.

Swimming Bath There is only one privately owned swimming bath in the town and that is at the Ilminster Boys' Grammar School. It is chlorinated by hand and the residual readings are taken 30 minutes after treatment. It is supplied by the town's main water.

Smoke Abatement. Little or no trouble was experienced during 1957 due to the industrial smoke. The great majority of smoke pollution in a town of this size is caused by domestic fires, and as the proportion of slow combustion fireplaces increases, it diminishes.

B. Factories Act

Appendix D, Table 2 gives details of the inspection made under the Factories Acts, during the year.

C. Housing

Appendix D, Table 3 gives details of the housing situation in the town. The Council continued to take active steps to deal with sub-standard property in the town and appropriate action was taken.

While the emphasis remains on the improvement or demolition of sub-standard houses there is necessarily a slowing down of the Council building programme other than for houses required to re-house those people compulsorily moved. There are still a considerable number of applicants who are forced to remain in houses too small or, due to their bad arrangement and lack of facilities, unsuited to their needs.

I and the Public Health Inspector frequently visit houses where the tenant complains of dampness or lack of ventilation. We are shown damp patches on walls and in cupboards or small and inadequate windows. Very often those very same windows are tight shut and 50% of the light obscured by curtains and pot plants. The damp walls are more often than not in rooms provided with a fire place which is seldom, if ever, used. The door is kept shut and the almost complete lack of ventilation and normal warmth naturally encourages damp. Many people have little conception of what normal ventilation is or of how to prevent the normal humidity of the atmosphere from condensing on their walls and furniture. No doubt many old houses without damp courses in their construction

are liable to rising damp, but intelligent use of heat and ventilation will minimize the effects of it. I frequently see two identical houses in a row, sometimes in the same ownership, one tenant is house-proud; the house is clean, the decoration is good and usually carried out by tenant. Next door the tenant takes the view that once the rent is paid the onus is on the landlord to do the rest. When paper begins to peel it is not replaced but rather helped on its way. No effort is made to do any amateur decorating. The general effect is very depressing. Often the rent of these houses has been less than ten shillings a week for years. The second tenant is the one who wants a 'new house' despite a probable rent of forty shillings a week and in my view have little to recommend them as a tenant of the Council.

D. Inspection and Supervision of Food.

Milk. There are 4 registered distributors and one registered dairy premises in the town. There are 3 retailers in designated milk. Sampling was carried out by the County Council's staff.

Ice Cream There are no premises registered for the manufacture of ice cream but 12 are registered for the sale of pre-packed product. Of the 4 samples taken, all were placed in Grade 1.

Food Premises in General. The Public Health Inspector made numerous visits to food premises during the year and the result has been the general raising of the standard of these establishments. This has been achieved by agreement with the owners.

Meat. There are three privately owned licensed slaughter houses in the district killing up to 10,000 animals per year. Owing to pressure of other work the new inspector has not been able to carry out any routine meat inspection from May 1st. Until the end of February meat was inspected by Mr. Gould and when he left Veterinary Surgeons were engaged to do the work in March and April. Unfortunately figures are not available for these four months and Appendix D Table 4 is a nil return.

APPENDIX A TABLE 1

Registrar General's Estimate of Population mid 1957	....	....	2,740
Area	....	....	531 acres
Number of inhabited houses at the end of 1957 according to the Rate Book			985
Rateable Value	....	....	£29,346
Sum represented by a penny rate	....	....	£115

APPENDIX A TABLE 2

BIRTH RATE		Comparability Factor 1.00	
		M	F
Live Births	Total	19	28
	Legitimate	19	27
	Illegitimate	-	1
Still Births	Total	1	1
	Legitimate	1	1
	Illegitimate	-	-
Deaths of Infants under 1 year	Total	2	-
	Legitimate	2	-
	Illegitimate	-	-
Deaths of Infants under 4 weeks	Total	2	-
	Legitimate	2	-
	Illegitimate	-	-

APPENDIX A TABLE 3

DEATH RATE		Comparability Factor 0.94		
		Total	M	F
Table of Deaths		37	23	14
<u>Causes of Death</u>				
Heart:	Coronary Disease	3	2	1
	Other heart disease	5	1	4
Circul-	Vascular lesions of nervous system	8	4	4
ation:	Other circulatory disease	2	1	1
Cancer	Lung	2	2	-
of:	Uterus	1	-	1
	Other sites	4	3	1
Lungs:	Bronchitis	2	2	-
	Influenza	2	2	-
Gastritis		1	-	1
Nephritis		1	1	-
Other ill defined disease		4	4	-
Congenital malformations		1	1	-
Accidents (other than motor vehicle)		1	-	1

APPENDIX B. TABLE 1

Ilminster Child Welfare Centre.

Statistics for the twelve months ended 31st December, 1957.

1. Number of children who first attended during the year and who at their first attendance were:-

UNDER ONE YEAR OF AGE61.....

2. Number of children who attended during the year and who were born in:-

(a) 195745.....

(b) 195651.....

(c) 1955 - 5274.....

3. Total attendances during the year made by children who at the date of attendances were:-

(a) UNDER ONE YEAR OF AGE716.....

(b) OVER ONE BUT UNDER TWO YEARS OF AGE216.....

(c) OVER TWO BUT UNDER FIVE YEARS OF AGE335.....

4. Number of individual mothers who attended during the year107.....

5. (a) TOTAL NUMBER OF SESSIONS HELD:-

(i) With Medical Officer23.....

(ii) Other sessions27.....

(b) NUMBER OF CHILDREN EXAMINED BY DOCTOR83.....

(c) TOTAL NUMBER OF MEDICAL CONSULTATIONS235.....

6. Immunisations completed for:-

DIPHTHERIA-.....

DIPHTHERIA-PERTUSSIS20.....

DIPHTHERIA-PERTUSSIS-TETANUS-.....

SMALLPOX VACCINATION-.....

APPENDIX B TABLE 2

<u>Name of School</u>	<u>No. on Roll</u>	<u>No. in-spected</u>	<u>Date of Inspection</u>	<u>Children having milk</u>	<u>Children having dinne</u>
Ilminster Junior Boys'	100	63	10.4.57	80%	37%
Ilminster Junior Girls'	116	57	27.3.57	100%	46.55%
Ilminster Boys' Grammar	171	28	24.7.57	70.17%	50.88%
	170	40	21.11.57	58.23%	52.94%
Ilminster Secondary Modern	284	72	19/21.6.57	32.21%	54.22%
	360	123	11/13.12.57	27.7%	61.11%
Ilminster Infants'.	98	57	17/19.7.57	81.63%	51.02%

APPENDIX C TABLE 1

Infectious and Other Notifiable Diseases

Whooping Cough	1
Scarlet Fever	2
Measles	2
Influenza	19
Pulmonary Tuberculosis	1

Analysis of Cases Notified

Under 1-2 2-3 3-4 4-5 5-10 10-15 15-20 20-35 35-45 45-65 65+
1 yr.

Whooping Cough												1
Measles					1	1						
Scarlet Fever					1	1						
Influenza												19

TUBERCULOSIS

Age Group

New Cases

Deaths

Respiratory

Non-Respiratory

Respiratory Non-Respira-
tory

M

F

M

F

M

F

M

F

- 1
1 - 5
5 - 15
15 - 25
25 - 35
35 - 45
45 - 55
55 - 65
65+

1

Totals:

1

-

-

-

-

-

-

-

MASS RADIOGRAPHY

24th - 27th September

<u>Miniature Films:</u>		<u>Male</u> 282	<u>Female</u> 352	<u>Total</u> 634
	Total			
<u>Large Films</u>	Total recalled	1	7	8
	Did not attend	-	-	-
	Normal	-	1	1
	Significant	1	3	4
	Being investigated	-	2	2

ANALYSIS OF TUBERCULOUS CASES

<u>Active Tuberculosis</u>	Under 15	15-24	25-34	35-44	45-59	60+	Total
Male							-
Female							-
Total							-
<u>Inactive Tuberculosis</u>							
Male							-
Female			1				1
Total			1				1
<u>Under Observation</u>							
Male							-
Female							-
Total							-

<u>Non-Tuberculous Cases</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Bronchiectasis	-	1	1
Pleural Thickening	1	-	1
Pulmonary Fibrosis	-	1	-

MASS RADIOGRAPHY

24th - 27th September.

Scholars included in Main Report

<u>Miniature Films</u>	Total	<u>Male</u> 59	<u>Female</u> 38	<u>Total</u> 97
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<u>Large Films</u>	Total recalled	-	-	-
	Did not attend			
	Normal			
	Significant			
	Being investigated			

ANALYSIS OF TUBERCULOUS CASES

<u>Active Tuberculosis</u>	Under 15	15-24	25-34	35-44	45-49	60+	Total
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Male

Female

Total

Inactive Tuberculosis

Male

Female

Total

Under Observation

Male

Female

Total

APPENDIX D TABLE 1.

Piped Supplies - results of samples taken for Analysis.

<u>Raw Water</u>				<u>Treated after going into Supply</u>			
<u>Bacteriological</u>		<u>Chemical.</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis factory	Unsatis- factory.	Satis factory	Unsatis- factory	Satis factory	Unsatis factory
44	1	1	-	12	4	1	-

Water Supplies from Public Mains:

<u>Direct to Houses</u>		<u>By Means of Standpipes</u>	
No. of Dwelling Houses	Population	No. of Dwelling Houses	Population
752	2,000	240	600

APPENDIX D TABLE 2.

Factories Acts, 1937 & 1948.

Inspections for the purpose of provisions as to Health (including inspections made by the Public Health Inspector).

<u>Premises.</u>	<u>Number on Register</u>	<u>Inspections</u>	<u>Written Notices</u>	<u>Occupiers Prosecuted</u>
Factories in which Sections 1,2,3, 4 and 6 are to be enforced by Local Authorities.	17	12	3	-
Factories not in- cluded in (i) in which Section 7 is enforced by the Local Authority.	14	10	-	-
Totals	31	22	3	-

Cases in which defects were found	....	....	....	....	3
Cases in which defects found were remedied	1

Outworkers.

No. of outworkers in August List required by Section 10	7
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APPENDIX D TABLE 3

Housing

	1956	1957
Total number of permanent dwellings in District.	973	992
Total number of permanent dwellings owned by Local Authority	203	217

Action taken during year:-

Formally:-

	(1) No. of houses included in Clearance Areas still to be made.	Nil
Section 2, Hsg. Repairs & Rents Act, 1954	(2) No. of houses in Clearance Areas which have been patched for temporary accommodation under Section 48 of the Housing Act, 1957	Nil
Section 25 Hsg. Act, 1936	(3) No. of houses demolished under Section 42 of the Housing Act, 1957 (Clearance Areas)	4
Section 11 Hsg. Act, 1936	(4) No. of houses demolished under Section 17 of the Housing Act, 1957 (individual Unfits)	2
	(5) No. of temporary dwellings (huts, etc.) demolished.	-
Section 9 Hsg. Act, 1936	(6) No. of houses declared unfit under Section 9 of the Housing Act, 1957.	5
	(7) No. of houses closed as a result of an undertaking given by the owners or following the issue of Closing Orders	6
	(8) No. of unfit houses occupied under licence	-
	(9) <u>Rent Act, 1957 (1st Schedule) Certificates of Disrepair:-</u>	
	(a) (No. of applications received	4
	(b) No. of Certificates issued	-

	<u>Houses erected during year</u>		<u>Houses in course of erection</u>		<u>Gained from conversion of large houses or buildings into flats or dwellings</u>	<u>Lost from conversion of two or more houses to one</u>
	For Slum Clearance	For other purposes	For Slum Clearance	For other purposes		
Local Authority	11	5	-	-	-	-
Private Enterprise	-	3	-	1	-	-

No. of Post-War Houses erected from 1st April, 1945 to 31st December, 1957

Housing Programme for 1958

By Local Authority	By Private Enterprise	For Slum Clearance	For other Purposes
172	48	6	13

(a) No. of temporary housing units occupied	-	(i) Prefabs	50
		(ii) Huts	-
(b) No. of houses found overcrowded			-
(c) No. of Houses made fit during year			2

Houses required:-

(i) To replace houses scheduled for demolition)	
	)	115 for
(ii) To abate overcrowding)	
	)	all purposes
(iii) For other purposes)	
Total number of applications for Council Houses at the end of the year		48
Total number of Council Houses sold during year		-

Improvement Grants.

Number of applications and houses dealt with by Local Authority:-

	1		2		3	
	Received		Approved		Rejected	
	Appli- No. of		Appli- No. of		Appli- No. of	
	cations dwellings		cations dwellings		cations dwell-	
					ings.	
31.7.49 - 31.12.56						
During year	3	3	3	3	-	-

NOTE - Number of applications approved in respect of owner/occupiers during year 3

Average cost per dwelling approved during year £425

Average rent fixed -

Amount of grant payable by Local Authority 1/3rd

APPENDIX D TABLE 4

Carcases and Offal inspected and condemned in whole or
in part during year:

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)						
Number inspected	Nil	Nil	Nil	Nil	Nil	Nil
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned						
Carcases of which some part of organ was condemned						
Percentage of the number in- spected affected with disease other than tuberculosis and cysticerci						
<u>Tuberculosis only</u>						
Whole carcasses condemned						
Carcases of which some part or organ was condemned						
Percentage of the number in-spected affected with tuberculosis						
<u>Cysticercosis</u>						
Carcases of which some part or organ was condemned						
Carcases submitted to treatment by refrigeration						
Generalised and totally condemned						
Weight of meat condemned (in lbs.) for:-						
(a) Tuberculosis						
(b) Cysticercosis						
(c) Other						
Total (in lbs.) condemned.						

